

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/07/2015
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF MICHIGAN CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 E COOLSPRING AVE MICHIGAN CITY, IN 46360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00172506.</p> <p>Complaint IN00172506 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 6 & 7, 2015</p> <p>Facility number: 010610 Provider number: 010610 AIM number: N/A</p> <p>Census bed type: Residential: 68 Total: 68</p> <p>Census payor type: Other: 68 Total: 68</p> <p>Sample: 3</p> <p>Sterling House of Michigan City was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00172506.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE